

FILED FEB 16 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4490

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>EAST 2nd st</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BENJAMIN</u>		b. (Middle) <u>LEVY</u>		c. (Last) <u>COOPER</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-28-1875</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trained Railway Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES C. COOPER</u>		13b. MOTHER'S MAIDEN NAME <u>TOLLEY E. FLOYD</u>		14. NAME OF HUSBAND OR WIFE <u>LENA COOPER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-05-3182</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marion E. Cooper</u>		ADDRESS <u>GOVAD MEHN.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>							
DUE TO (c) <u>332X</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Aortic Insufficiency</u>							
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 22</u> , 19 <u>49</u> , to <u>Jan 27</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul C. Muselman</u>				23b. ADDRESS <u>Stanberry Mo.</u>		23c. DATE SIGNED <u>1/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN-30-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Pines Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Stanberry Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 29-49</u>		REGISTRAR'S SIGNATURE <u>James N. Holbert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Evan Johnson</u>		ADDRESS <u>Stanberry Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300

V. 10.48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or-by\_\_\_\_\_

*Ernest Johnson*

Student Embalmer No. *no*

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Ernest Johnson*

Licensed Embalmer No. *3492*

P. O. Address *Stinking M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.